FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

 hours per form16.00
06049807

OMB APPROVAL

OMB Number:.....3235-0076

Expires: April 30, 2008

Estimated average burden

Name of Offering (check if this is a	an amendment and name	nas changed, and i	ndicate change.)		
Offering of limited partnership interests	of Aqueous Fund, L.P.,	Series I			
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505		Section 4(6)	ULOE
Type of Filing: New Filing	Amendment			,	
	A. BASI	C IDENTIFICAT	ION DATA	<u>,</u>	
Enter the information requested about	t the issuer				in i
Name of Issuer	n amendment and name h	as changed, and ir	dicate change.		
Aqueous Fund, L.P., Series I					3
Address of Executive Offices		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	umber (including Area Code)
c/o Structured Servicing Transactions 0 89119	Broup, L.L.C., 2215 B Re	naissance Dr., Ste	. 5, Las Vegas, NV		(203)351-2873
Address of Principal Offices		(Number and Stre	ROCESSE	de) Telephone N	umber (Including Area Code)
(if different from Executive Offices)		<u> </u>	noocaaci)	
Brief Description of Business: Private	investment Company		DCT 2 5 2006/		
Type of Business Organization			THOMSON		
□ corporation	☐ limited p	artnership, already		other (please sp	pecify)
☐ business trust	☐ limited p	eartnership, to be fo		A series of Aqueou ited partnership	s Fund, L.P., a Delaware
		Month	Yea		
Actual or Estimated Date of Incorporation of	or Organization:	0 9	0	5 🛛 Act	ual Estimated
Jurisdiction of Incorporation or Organizatio	n: (Enter two-letter U.S. F	ostal Service Abbr	eviation for State;		
	Ch	N for Canada; FN fo	or other foreign jurisd	iction) D	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



		A. BASIC II	DENTIFICATION DAT	A	
Each beneficial ow Each executive off	he issuer, if the issuer having the posicer and director o	suer has been organized wi wer to vote or dispose, or d f corporate issuere and of c			a class of equity securities of the issuer;
<u>• Each general and I</u>	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner
Full Name (Last name first,	if individual):	Structured Servicing	g Transactions Group, L.L.	C.	
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 2215 B Renaissan	ce Dr., Ste. 5, Las	s Vegas, NV 89119
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Brownstein, Donald,	l.		
Business or Residence Add Renaissance Dr., Ste. 5, L	ress (Number and as Vegas, NV 89	Street, City, State, Zip Coo	de): c/o Structured Se	rvicing Transaction	ons Group, L.L.C., 2215 B
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Russell, Christopher	r		
Business or Residence Add Renaissance Dr., Ste. 5, L	ress (Number and as Vegas, NV 891	Street, City, State, Zip Coo	de): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215 B
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Parmenides Fund, L	.P.		
Business or Residence Add Renaissance Dr., Ste. 5, La			de): c/o Structured Serv	cing Transaction	ns Group, L.L.C., 2215 B
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual):	Structured Servicing	ı Holdings, L.P.		
Business or Residence Addr Renaissance Dr., Ste. 5, La	ess (Number and as Vegas, NV 891	Street, City, State, Zip Coo	de): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215 B
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	individual):			 	
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le):		
-					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.... Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?...... ☐ Yes ☒ No Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... \$1,000,000* *May be waived ☑ Yes □ No Does the offering permit joint ownership of a single unit?..... Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States \square [AL] \square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] □ [IA] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States \square [AL] \square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] □ [IN] [AI] \square (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MO) \square [SC] \square [SD] \square [TN] \square [TX] \square [UT] \square [VT] \square [VA] \square [WA] \square [WV] \square [WI] \square [WY] \square [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States \square (AK) \square (AR) \square (CA) \square (CO) \square (CT) \square (DE) \square (DC) \square (FL) \square (GA) \square (HI) [AL] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO] (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged: Aggregate Amount Already Type of Security Offering Price Sold Debt.....\$ Equity ☐ Common □ Preferred Convertible Securities (including warrants) \$ Partnership Interests. 500,000,000 17,732,000 Other (Specify) Total..... \$ 500,000,000 17,732,000 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors 17,732,000 Non-accredited Investors Total (for filings under Rule 504 only) \$ Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Types of Type of Offering Security Sold Rule 505 N/A Regulation A..... \$ **Rule 504** N/A \$ N/A Total..... N/A N/A \$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs.... Legal Fees...... 84.883 Accounting Fees..... Engineering Fees..... Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) _ Total...... 84,883

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	ENSES	AND USE OF PRO	OCEED	S .
4	b. Enter the difference between the aggregate offering price given in response to Part (<u> </u>			
	Guestion 1 and total expenses furnished in response to Part C=Question 4:a. This differe "adjusted gross proceeds to the issuer."	nce is the	9	- 5	499,915,117
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed me the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. a	n an ust equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees		\$	_ 🗆	<u>\$</u>
	Purchase of real estate		\$	_ □	\$
	Purchase, rental or leasing and installation of machinery and equipment		\$	_ 🗆	<u>\$</u>
	Construction or leasing of plant buildings and facilities		\$	_ □	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issue pursuant to a merger	r 🗆	\$		\$
	Repayment of indebtedness		\$	_ □	\$
	Working capital		\$	🛛	\$ 499,915,11
	Other (specify):		\$	_ 🗆	\$
			\$	_ 🗆	\$
	Column Totals		\$	_ 🛛	\$ 499,915,117
	Total payments Listed (column totals added)		⊠ <u>\$</u>	499,9	915,117
	D. FEDERAL SIGNATUI	RE	•		
cor	s issuer has duly caused this notice to be signed by the undersigned duly authorized personstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Community the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502				
	uer (Print or Type) Signature			Date	
	ueous Fund, L.P.		0	ctober	13, 2006
	me of Signer (Print or Type) Title of Signer (Print or Type) Pristopher Russell By Structured Servicing Tran Associates, Managing Member	sactions er, by Ch	Group, L.L.C., Genera ristopher Russell, CO	l Partner O	, by Upper Shad
			· · · · · · · · · · · · · · · · · · ·		··

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presen provisions of such rule?	tly subject to any of the disqualification	☐ Yes No
	See App	pendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to fundant (17 CFR 239.500) at such times as required by significant controls.	nish to any state administrator of any state in which this notice is tate law.	filed a notice on Form D
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon written request, information	furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issue Exemption (ULOE) of the state in which this notic of establishing that these conditions have been sa	r is familiar with the conditions that must be satisfied to be entitle e is filed and understands that the issuer claiming the availability atisfied.	d to the Uniform limited Offering of this exemption has the burden
	uer has read this notification and knows the content zed person.	s to be true and has duly caused this notice to be signed on its b	ehalf by the undersigned duly
Issuer	(Print or Type)	Signature	
Aqueo	us Fund, L.P.		October 13, 2006
Name o	of Signer (Print or Type)	Title of Signer (Print or Type)	
Christo	opher Russell	By Structured Servicing Transactions Group, L.L.C., Gen	eral Partner, by Upper Shad

Associates, Managing Member, by Christopher Russell, COO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
	1		2	3			4		5	,
		to non-a investor	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State (Part C – Item 2)			Disqualification - under State ULOE (if yes, attach exptanation of waiver granted) (Part E – Item 1)		
	State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
	AL							<u>-</u>		
	AK		-							
	AZ									
	AR									
	CA		х	\$500,000,000	1	\$1,000,000	0	\$0		х
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	NH									
	NJ									
	NM									

State NY NC	Intend to non-a investors		3			4		J5		
State NY NC	Intend to non-a investors	l to sell	-							
NY NC					Type of investor and Amount purchased in State (Part C – Item 2)				Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E – Item 1)	
NC	tate Yes	No	Limited Partnership	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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